

## 2016 REGISTRATION FORM

### MARY ELIZABETH PRESCHOOL SUMMER CAMP PROGRAM

PROGRAM NAME:

CHILD'S AGE:

CHILD'S NAME:

ADDRESS:

TOWN:

STATE:

ZIP:

PARENTS/GUARDIAN'S NAME:

EMAIL ADDRESS:

DAYTIME PHONE:

EVENING PHONE:

CELL PHONE:

Please list any allergies (medications, food, etc):

Is your child currently on any medication that needs to be taken during camp, including inhalers? Yes / No

If yes, written permission from parent or guardian will be necessary to accompany the medication and the medications must be self administered.

I give permission for my child to participate in all program activities. I understand that continued misbehavior on the part of my child will result in dismissal from the program without consideration of a refund.

PARENT/GUARDIAN SIGNATURE

DATE: